

ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		06/11/01
O.I.P.E. CLASSIFIER		10	02-20-01
FORMALITY REVIEW	SM	50864	6/3/01
RESPONSE FORMALITY REVIEW	AM	917	10-22-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	2/3/01
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Claim	Date
Final	
Original	3/2/01
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Claim	Date
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Original	10/5/01
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If more than 150 claims or 10 actions  
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